



Docket No.: D0590.70005US01
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Philippe Verwaerde et al.
Serial No.: 10/817331
Confirmation No.: 1140
Filed: April 2, 2004
For: COMPOUND SCREENING METHOD
Examiner: Not Yet Assigned
Art Unit: 1635

Certificate of Mailing Under 37 CFR 1.8(a)

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Dated: June 2, 2006


Melissa L.B. Lyons

STATUS INQUIRY


Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the attorney named below be advised of the status of the above-identified application. Please advise us of when we might expect to receive an Office Action from the Patent and Trademark Office.

Dated: June 2, 2006

Respectfully submitted,

By 
MaryDilys S. Anderson, Ph.D.
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WVW

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/817331-Conf. #1140	
	Filing Date	April 2, 2004	
	First Named Inventor	Philippe Verwaerde et al.	
	Art Unit	1635	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	2	Attorney Docket Number	D0590.70005US01

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature			
Printed name	Mary Dilys S. Anderson, Ph.D.		
Date	June 2, 2006	Reg. No.	52,560

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Dated: June 2, 2006

Signature: (Melissa L.B. Lyons)